

<b>Case Number:</b>	CM15-0042132		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old male, who sustained an industrial injury on 6/28/04. He has reported back and leg injury after driving a forklift at a high rate of speed and colliding head on with a metal pole and lifting heavy boxes afterwards. The diagnoses have included lumbar radiculopathy status post lumbar fusion, post laminectomy syndrome, and spinal stenosis. Surgeries included 4-5 back surgeries including decompression with fusion and spinal cord stimulator placement and removal. Treatment to date has included medications, diagnostics, surgery, spinal cord stimulator, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/14/15, the injured worker complains of continued chronic aching pain in the low back. The current medications included Soma, Oxycontin, Oxycodone, Amytriptyline and Gabapentin. The physical exam of the lumbar spine revealed positive right straight leg raise with pulling at 60 degrees with radiation of pain into the left foot. The back revealed scars that were well healed, no instability and no evidence of infection. The injured worker states that the medications help keep the pain at a tolerable level. The urine drug screen dated 12/11/14 was consistent with prescribed medications. The Treatment Plan included pain management consultation/evaluation regarding long term narcotic use and continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Soma 350 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (chronic pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29, 63.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Soma 350 mg #120. The treating physician report dated 1/14/15 (327C) states, "He is able to walk around 10 minutes. He can stand on either leg. No balance difficulties. No tremor is noted. We refill his medications today as he is on future medical treatment and states it helps keep his pain at a tolerable level. The MTUS guidelines page 29 states the following for Carisoprodol (Soma): "Not recommended. This medication is not indicated for long-term use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking Soma since at least 5/29/14. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Therefore, the request is not medically necessary.

**Gabapentin 600 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Gabapentin 600 mg #120. The treating physician report dated 1/14/15 (327C) states, "He is able to walk around 10 minutes. He can stand on either leg. No balance difficulties. No tremor is noted. We refill his medications today as he is on future medical treatment and states it helps keep his pain at a tolerable level." The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. The report dated 1/14/15 states, "His right Straight Leg Raising is negative but the left, he has pulling pain at 60 degrees with radiation of pain into his left foot." In this case, the current request satisfies the MTUS guidelines as outlined on page 49, as the patient presents with radicular symptoms, and Gabapentin is supported as a first-line treatment for radicular pain. Therefore, the request is medically necessary.